

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
097889632

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2	/			/		
3	2					
4	8					
5	8					
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46	8					
47	8					
48	8					
49	8					
50	8					
TOTAL IND.	8	3				
TOTAL DEP.	8	18	8	8	8	8
TOTAL CLAIMS	21					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		8				
TOTAL DEP.		8	8	8	8	8
TOTAL CLAIMS	21					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831